

To:

Adult Mental Health Day Treatment Providers
 Child/Adolescent Day Treatment Providers
 Community Support Programs
 County Mental Health Coordinators
 County Substance Abuse Coordinators
 Crisis Intervention Providers
 Outpatient Mental Health Clinics
 Outpatient Substance Abuse Clinics
 HMOs and Other Managed Care Programs

Coverage of Mental Health and Substance Abuse Services Provided Via Telehealth

This *Wisconsin Medicaid and BadgerCare Update* explains Wisconsin Medicaid's requirements for coverage of mental health and/or substance abuse services provided via telehealth.

Telehealth Description

Telehealth involves the use of telecommunication equipment to link mental health and/or substance abuse providers and consumers in different locations. This *Wisconsin Medicaid and BadgerCare Update* does not apply to any other types of service.

Requirements for Providing Mental Health and Substance Abuse Services Via Telehealth

Wisconsin Medicaid will reimburse for Medicaid-covered services provided via telehealth in the same way it reimburses for face-to-face contacts. Wisconsin Medicaid reimburses only the site where the provider is located, not the "originating site" (where the recipient is located).

Certification requirements include:

- The provider is required to be certified by Wisconsin Medicaid.
- The provider is required to be an organization that is certified by the Bureau of Quality Assurance (BQA) within the

Division of Disability and Elder Services (DDES) under one of the following program standards: HFS 34, 40, 61, 63, or 75 (excluding 75.15), Wis. Admin. Code.

- In addition to being certified by the BQA under one of the program standards listed previously, the provider is also required to be certified by the BQA specifically to provide services via telehealth. The provider is required to follow the BQA requirements for providing services via telehealth. Refer to Attachment 1 of this *Update* for a memo recently issued by the DDES titled "Mental Health and Substance Abuse Telehealth — Criteria for Certification."
- An individual is required to work as part of an organization that meets the certification requirements indicated previously in this *Update*. Wisconsin Medicaid will not accept claims for individual professional staff.

Other requirements include:

- The service must be covered under one of the following Medicaid mental health, substance abuse, or HealthCheck "Other Services" benefits:
 - ✓ Child/adolescent day treatment services.
 - ✓ Community support program.
 - ✓ Comprehensive community services.

- ✓ Crisis intervention.
- ✓ Mental health day treatment.
- ✓ Outpatient mental health.
- ✓ Outpatient mental health/substance abuse services in the home and community.
- ✓ Outpatient substance abuse.
- ✓ Pharmacologic management.
- ✓ Substance abuse day treatment.
- The service must not be a group service. Wisconsin Medicaid does not cover group services, such as group psychotherapy, via telehealth.

Providers are also required to follow the policies and procedures in their service-specific Wisconsin Medicaid handbooks and *Updates*.

Policies Related to Claims Submission

In addition to the previously listed requirements, the following policies related to claims submission also apply:

- Wisconsin Medicaid will not reimburse for the same service provided onsite face-to-face with the recipient on the same date of service as telehealth.
- Providers are required to indicate National Healthcare Common Procedure Coding System modifier “GT” (nationally described as “via interactive audio and video telecommunication systems”) for the service in the claim detail on the claim.

Attachment 2 shows the services for which telehealth and the “GT” modifier are allowed and are not allowed.

For More Information

Providers who have questions about coverage of services provided via telehealth may call Provider Services at (800) 947-9627 or (608) 221-9883 for more information.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

PHC 1250

ATTACHMENT 1
Division of Disability and Elder Services
“Mental Health and Substance Abuse Telehealth —
Criteria for Certification” Memo

(A copy of the Division of Disability and Elder Services “Mental Health and Substance Abuse Telehealth — Criteria for Certification” memo may be found on the following pages.)

STATE OF WISCONSIN
Department of Health and Family Services
Division Of Disability And Elder Services

DDES Memo Series 2004 -

Re: MENTAL HEALTH AND
SUBSTANCE ABUSE
TELEHEALTH – CRITERIA FOR
CERTIFICATION

To: Area Administrators/Assistant Area Administrators
Bureau Directors
County Departments of Community Programs Directors
County Departments of Developmental Disabilities
Services Directors
County Departments of Human Services Directors
County Departments of Social Services Directors
Grassroots Empowerment Project
Licensing Chiefs/Section Chiefs
Mental Health and AODA Coordinators
Mental Health and Substance Abuse Certified Programs
NAMI-Wisconsin
State Council on Alcohol and Other Drug Abuse
State Council on Mental Health
Tribal Chairpersons/Human Services Facilitators
WAODA
Wisconsin Family Ties
Interested Parties

From: Sinikka Santala
Administrator

The purpose of this memo is to provide background information on Mental Health and Substance Abuse Telehealth and share the attached Request for Approval to Use Telehealth. This request form outlines the specific requirements that certified mental health and substance abuse programs must follow if they want to use telehealth technology as a means of service provision with consumers. County agencies, providers, state staff, consumers and family members have reviewed and commented on this criterion and the Wisconsin County Human Service Association has endorsed the Template.

What is Telehealth

Mental Health and Substance Abuse Telehealth is generally described as the use of telecommunication equipment to link mental health and/or substance abuse providers and consumers in different locations. Telehealth is sometimes referred to as telepsychiatry, however treatment professionals other than psychiatrists may use telehealth. Psychologists, Master level therapists, AODA counselors, psychiatric nurses and other staff who are part of a certified program can provide Telehealth services. Telehealth technology allows for the provision of quality behavioral health services, including interactive consultation between a consumer and a professional, assessments, pharmacological management, clinical counseling and consumer screening, with greater access and frequency, and without the additional cost of staff travel or unnecessary consumer transport.

DOCUMENT SUMMARY

The purpose of this memo is to provide background information on Mental Health and Substance Abuse Telehealth and share the attached Request for Approval to Use Telehealth. This request form outlines the specific requirements that certified mental health and substance abuse programs must follow if they want to use telehealth technology as a means of service provision with consumers.

Telehealth has been used in the provision of mental health and substance abuse services in other states for a number of years. The first implementation of telepsychiatry was conducted in the early 1950s at the Nebraska Psychiatric Institute, where they investigated the potential of closed-circuit television as a teaching aid. Ten years later, the first telepsychiatry consultations were performed at the Institute. Telehealth is not new technology that we are testing in Wisconsin. This technology is widely used in Nebraska, Montana, Oregon, Texas, South Carolina, and other states with great success.

Benefits of Telehealth

Telehealth has been proven to result in many benefits to consumers as well as treatment professionals and funding agencies. Some of the benefits include:

- increase access to child, geriatric, deaf, forensic and specialty staff;
- reduce travel costs, staff time, and per diem costs for consultants;
- increase elements of continuity of care and professional contact;
- increase urban to rural areas skill pools through information transfer;
- increase speed and accuracy of diagnosis and treatment; and,
- increase access to select skills such as sign language, diagnosis, treatment and consultation.

For example, a number of counties in rural Wisconsin have a difficult time recruiting psychiatrists, and when they do they often must pay the psychiatrist from the time they leave their home until they reach the county and begin to provide services. This means the county agency may use significant fiscal resources just for travel time without the psychiatrist even seeing a consumer. Telehealth will allow the county to more easily attract a qualified psychiatrist and pay only for the time the person is actually seeing consumers. In addition, if the consumer is in need of hospitalization, the psychiatrist may be more available, through telehealth consultation, to the admitting hospital, as well as with the other treatment professionals, family members, natural supports, etc.

Telehealth will also enhance the ability of small, remote, rural counties to access specialty services such as child and geriatric psychiatry. This technology should assist in better diagnostic services, correct medication determinations and more successful treatment planning for those individuals most in need.

Services Provided Through Telehealth

Telehealth services can be provided to consumers involved in any certified mental health and/or substance abuse programs, such as outpatient services, crisis services, community support services, day treatment programs, inpatient, etc. All staff employed by these programs may provide services via telehealth, provided they have received the necessary training and meet program certification standards. Specific staff providing the services should be outlined in the plan, as required in the certification process.

Funding for Telehealth

Medicaid Reimbursement

The Division of Health Care Financing will reimburse for Medicaid-covered services provided via telehealth in the same way it reimburses for face-to-face contacts provided that the following requirements are met.

- The agency is a certified program under one of the following program standards: HFS 34, 36, 40, 61, 63, or 75 (except does not include 75.15), Wis. Admin. Code. Professional staff providing telehealth must be part of one of these certified programs.
- Medicaid will only accept claims for telehealth from providers that are certified under HFS 34, 36, 40, 61, or 75 (except does not include 75.15). Medicaid will not accept claims from individual professional staff.

- The HFS certified program is certified for telehealth by the Bureau of Quality Assurance.
- The service is a service that is covered under one of the Medicaid mental health or substance abuse benefits: outpatient mental health, outpatient substance abuse, pharmacologic management, mental health day treatment, substance abuse day treatment, crisis intervention, community support program, comprehensive community services, or child/adolescent day treatment services.
- The service is not group therapy.
- The provider indicates the "GT" modifier on the claim detail for the specific procedure code. The "GT" modifier definition is "Via interactive audio and video telecommunication systems."
- Providers must continue to follow all Medicaid coverage policies and all other requirements for each particular service.

If you have any questions regarding reimbursement, please contact Christine S. Wolf, LICSW, MH/SA Policy Analyst, Division of Health Care Financing, P. O. Box 7850, Madison, WI 53701, or email her at wolfcs@dhfs.state.wi.us.

Insurance Reimbursement

For insurance billings for telehealth services the agency will need to check with individual policies to determine if telehealth is covered.

Process for Telehealth Certification

Only certified mental health and/or substance abuse services, or agencies planning to be certified as a mental health and/or substance abuse provider, may apply for telehealth certification. The first step in the process is for the agency to write a plan addressing each section in the attached template. Once the plan is completed it should be sent to the Bureau of Quality Assurance (BQA) Program Certification Unit, 2917 International Lane #300, Madison, WI 53704.

It is strongly suggested for agencies interested in using telehealth as a means of service provision to establish a stakeholder advisory committee, which should include consumers and family members. The purpose of this committee is to help write the plan for certification and to determine how and when telehealth will be used, and for which services.

Provider's electing to utilize telehealth must demonstrate compliance with an approved plan to the Bureau of Quality Assurance during a site review or other unannounced focus visits.

Key Points for Certification

There are several provisions in the attached template that are important for successful application of telehealth for mental health and/or substance abuse services. These include:

1. Certified services shall meet the requirements for the corresponding Administrative Code, e.g. HFS 75, HFS 34, HFS 61, etc
2. It is critical that agencies meet the minimum transmission standards to ensure that the telehealth service is of high quality and as close to a face to face visit as possible.
3. All staff using telehealth for service provision must receive orientation and ongoing training on the use of the equipment, the clinical application of telehealth, safety and security during telehealth visits, privacy and confidentiality, back-up procedures if there is equipment failure, and consumer preparation for telehealth.

4. Consumers must be educated about the provision of services provided through telehealth, the history of telehealth, success rate of telehealth services and how telehealth sessions are conducted.
5. The agency has an ongoing method for obtaining consumer satisfaction on telehealth visits and evaluating the results of this survey process.
6. Consumers are given the choice of having a face to face visit with a professional or seeing this person via telehealth.

Regional Office Contact: Area Administrator/Assistant Area Administrator

Central Office Contact: Chris Hendrickson, Area Administration
Office of Strategic Finance
Department of Health and Family Services
PO Box 7850 Room 633
Madison, WI 53707-7850
Telephone – 608-261-7812
Hendrck@dhfs.state.wi.us

MEMO WEB SITE: <http://dhfs.wisconsin.gov/partners/local.htm>

Attachment

cc Mark Hale, BQA
Chris Wolf, DHCF

#memo/ddes/telehealth.doc

ATTACHMENT 2

Procedure Codes for Which Telehealth and the "GT" Modifier Are Allowed and Not Allowed

This table shows the services for which telehealth and the "GT" modifier are allowed and are not allowed.

Refer to the publications indicated after each service for information on the allowable professional level modifiers and descriptions for the procedure codes listed.

Service	Procedure Code	Telehealth Services Covered?
Outpatient Mental Health and Substance Abuse For further information on procedure codes, see the July 2003 <i>Wisconsin Medicaid and BadgerCare Update</i> (2003-60), titled "Changes to local codes, paper claims, and prior authorization for outpatient mental health and substance abuse services as a result of HIPAA."	90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90816, 90817, 90818, 90819, 90821, 90822, 90823, 90824, 90826, 90827, 90828, 90829, 90845, 90846, 90847, 90849, 90862, 90875, 90876, 90887, H0022, H0046, H0047, T1006	Yes
	90853, 90857, 90865, 90870, 90871, 90880, 90899, H0005	No
Outpatient Mental Health and Substance Abuse Services in the Home and Community For further information on procedure codes, see the August 2003 <i>Update</i> (2003-100), titled "Changes to local codes and paper claims for outpatient mental health and substance abuse services in the home or community as a result of HIPAA."	90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90845, 90846, 90847, 90849, 90862, 90875, 90876, 90887, H0022, T1006	Yes
	90853, 90857, 90880, 90899, H0005	No
Community Support Program Services For further information on procedure codes, see the July 2003 <i>Update</i> (2003-49), titled "Changes to local codes and paper claims for community support program services as a result of HIPAA."	H0039	Yes
	H0039 with the following group modifiers: U1 (Group professional) U2 (Group, Masters) U3 (Group, Ph.D.) U4 (Group M.D./Advanced practice nurse prescriber with mental health specialty)	No

Service	Procedure Code	Telehealth Services Covered?
Crisis Intervention Services For further information on procedure codes, see the August 2003 <i>Update</i> (2003-82), titled "Changes to local codes and paper claims for crisis intervention services as a result of HIPAA."	S9484	Yes
	S9485 (per diem)	No
Comprehensive Community Services For further information on procedure codes, see the draft memorandum with the subject: "Medicaid Coverage of Comprehensive Community Services" from Mark Moody dated August 15, 2004.	H2018	Yes
Intensive In-Home Treatment Services For further information on procedure codes, see the July 2003 <i>Update</i> (2003-74), titled "Changes to local codes, paper claims, and prior authorization for intensive in-home treatment, a HealthCheck 'Other Service,' as a result of HIPAA."	H0004, H0022, T1006	Yes
	99082	No
Child/Adolescent Day Treatment Services For further information on procedure codes, see the July 2003 <i>Update</i> (2003-70), titled "Changes to local codes, paper claims, and prior authorization for child/adolescent day treatment, a HealthCheck Other Service, as a result of HIPAA."	H2012	For individual services only.
Substance Abuse Day Treatment Services For further information on procedure codes, see the July 2003 <i>Update</i> (2003-78), titled "Changes to local codes, paper claims, and prior authorization for substance abuse day treatment services as a result of HIPAA."	H2012	For individual services only.
Adult Mental Health Day Treatment Services For further information on procedure codes, see the July 2003 <i>Update</i> (2003-71), titled "Changes to local codes, paper claims, and prior authorization for adult mental health day treatment services as a result of HIPAA."	H2012	For individual services only.
Narcotic Treatment Services	H0001, H0003, H0020, H0048, 86580, 99001	No